

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address NEXUS BANKRUPTCY BENJAMIN HESTON (297798) 3090 Bristol Street #400 Costa Mesa, CA 92626 Tel: 949.312.1377 Fax: 949.288.2054 ben@nexusbk.com	FOR COURT USE ONLY
<input checked="" type="checkbox"/> Attorney for: Debtor	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - RIVERSIDE DIVISION	
In re: TAUREAN E WRIGHT,	CASE NO.: 6:25-bk-11843-SY CHAPTER: 13
NOTICE OF OBJECTION TO CLAIM	
	DATE: 07/15/2025 TIME: 1:30 pm COURTROOM: 302 PLACE: 3420 Twelfth Street Riverside, CA 92501
Debtor(s).	

1. TO (specify claimant and claimant's counsel, if any): INTERNAL REVENUE SERVICE
2. NOTICE IS HEREBY GIVEN that the undersigned has filed an objection to your Proof of Claim (Claim # 1) filed in the above referenced case. The Objection to Claim seeks to alter your rights by disallowing, reducing or modifying the claim based upon the grounds set forth in the objection, a copy of which is attached hereto and served herewith.
3. **Deadline for Opposition Papers:** You must file and serve a response to the Objection to Claim not later than 14 days prior to the hearing date set forth above.

IF YOU FAIL TO TIMELY RESPOND IN ACCORDANCE WITH THIS NOTICE, THE COURT MAY GRANT THE RELIEF REQUESTED IN THE OBJECTION WITHOUT FURTHER NOTICE OR HEARING.

Date: 06/10/2025

Nexus Bankruptcy

Printed name of law firm

/s/Benjamin Heston

Signature

Benjamin Heston

Printed name of attorney for objector

Date Notice Mailed: 6/11/2025

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

1 **NEXUS BANKRUPTCY**
2 **BENJAMIN HESTON (297798)**
3 3090 Bristol Street #400
Costa Mesa, CA 92626
4 Tel: 949.312.1377
Fax: 949.288.2054
ben@nexusbk.com

5 Attorney for Debtor

6 **UNITED STATES BANKRUPTCY COURT**

7 **CENTRAL DISTRICT OF CALIFORNIA**

8 **RIVERSIDE DIVISION**

9 In re:
10 TAUREAN E WRIGHT,
11 Debtor.

Case No: 6:25-bk-11843-SY
Chapter 13
**NOTICE OF HEARING AND OBJECTION
TO CLAIM OF THE INTERNAL
REVENUE SERVICE (Claim 1)**

Hearing:
Date: July 15, 2025
Time: 1:30 PM
Courtroom: 302

17 **PLEASE TAKE NOTICE** that on July 15, 2025, at 1:30 p.m. in Courtroom 302 of the
18 above-entitled Court, the Debtor, Taurean Wright, will and hereby does object to Proof of Claim
19 No. 1 filed by the Internal Revenue Service.

20 **PLEASE TAKE FURTHER NOTICE** that pursuant to Local Bankruptcy Rule 9013-
21 1(g), the court may grant the relief requested in the attached Objection without a hearing if you
22 do not file and serve a written opposition and request for a hearing. Any written opposition to the
23 attached Objection must be filed with the Clerk of the Bankruptcy Court and served on the
24 undersigned no later than fourteen (14) days prior to the hearing date noted above. If you fail to
25 file a timely opposition, the Court may treat such failure as a consent to the granting of the
26 motion.

1 **I. INTRODUCTION**

2 Debtor Taurean Wright ("Debtor") hereby objects to Proof of Claim No. 1 ("Claim") filed
3 by the Internal Revenue Service ("IRS"). The Claim asserts a priority tax liability of \$15,353.61,
4 which is based on an estimated 2024 tax liability due to the fact that Debtor had not yet filed his
5 2024 tax return at the time this case was filed. The Debtor has since filed his 2024 tax return,
6 which shows no tax is owed and that a refund is due. Because the actual filed return supersedes
7 the IRS's estimate, the Claim should be disallowed.

8

9 **II. FACTUAL BACKGROUND**

10 On March 31, 2025, the IRS filed the Claim based on an estimated tax liability for the
11 2024 tax year. A copy of the Proof of Claim is attached as Exhibit A.

12 At the time, the Debtor had not yet filed his 2024 Income Tax Return. The Debtor
13 subsequently filed his 2024 tax return, which established that no taxes were owed and that he
14 was entitled to a refund. A copy of the filed return is attached as Exhibit B.

15 Debtor's counsel emailed a copy of the filed tax return to the IRS agent who filed the
16 Claim. The IRS agent acknowledged receipt and stated the Claim would be withdrawn, though
17 the process could take four to six weeks. A copy of this email is attached as Exhibit C.

18

19 **III. LEGAL ARGUMENT**

20 Under 11 U.S.C. § 502(b)(1), a claim that is unenforceable against the debtor must be
21 disallowed. While a proof of claim is presumptively valid, an objecting party may rebut it with
22 evidence, which shifts the burden of proof to the claimant. See *Lundell v. Anchor Constr. Specialists, Inc. (In re Lundell)*, 223 F.3d 1035, 1041 (9th Cir. 2000).

23 Here, the Debtor has rebutted the IRS's estimated Claim with definitive evidence which
24 demonstrates no tax is due. The burden shifts to the IRS to prove its claim.

1 **IV. CONCLUSION**

2 For the foregoing reasons, the Debtor respectfully requests the Court sustain this
3 objection and disallow Proof of Claim No. 1 in its entirety.

4
5 Date: June 10, 2025

6 /s/Benjamin Heston

7 BENJAMIN HESTON

8 Attorney for Debtor

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EXHIBIT A

Fill in this information to identify the case:

Debtor 1	TAUREAN E WRIGHT
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	CENTRAL District of CALIFORNIA
Case number	6:25-BK-11843-SY (State)

Official Form 410

Proof of Claim

12/24

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Department of Treasury - Internal Revenue Service	Creditor Number : 42395999
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Internal Revenue Service	Internal Revenue Service
	Name	Name
	P.O. Box 7346	P.O. Box 7317
	Number Street Philadelphia PA 19101-7346 City State ZIP Code	Number Street Philadelphia PA 19101-7317 City State ZIP Code
Contact phone 1-800-973-0424	Contact phone 1-800-973-0424	
Contact email _____	Contact email _____	
Uniform claim identifier (if you use one): -----		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
	Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: See Attachment _____
7. How much is the claim?	\$ 15,353.61. Does this amount include interest or other charges?
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Taxes _____
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____
	 Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	 Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
	 Amount necessary to cure any default as of the date of the petition: \$ _____
	 Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify the property: See attachment _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____ 15,353.61
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 04/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/29/2025
MM / DD / YYYY

/s/ DILLON BRUMFIELD

Signature

Print the name of the person who is completing and signing this claim:

Name	DILLON	BRUMFIELD
	First name	Middle name
Title	Bankruptcy Specialist	
Company	Internal Revenue Service	
	Identify the corporate servicer as the company if the authorized agent is a servicer.	
Address	Insolvency Group 7 333 W Broadway, M/S 2277	
	Number	Street
	San Diego	CA
	City	State
	ZIP Code	
Contact phone	619-615-9070	
	Email <u>Dillon.J.Brumfield@irs.gov</u>	

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 410
Attachment

Case Number
6:25-BK-11843-SY

Type of Bankruptcy Case
CHAPTER 13

Date of Petition
03/25/2025

The United States has the right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured Priority Claims

under section 507(a)(8) of the Bankruptcy Code

Taxpayer ID		Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
Number						
XXX-XX-1699		INCOME	12/31/2024	11-ESTIMATED-SEE NOTE	\$15,353.61	\$0.00
					\$15,353.61	\$0.00

Total Amount of Unsecured Priority Claims:

\$15,353.61

1 LIABILITY IS ESTIMATED BASED ON AVAILABLE INFORMATION BECAUSE THE RETURN HAS NOT BEEN FILED. THIS CLAIM MAY BE AMENDED AS NECESSARY AFTER THE DEBTOR FILES THE RETURN OR PROVIDES OTHER REQUIRED INFORMATION.

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EXHIBIT B

Form **1040**Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return**2024**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2024, or other tax year beginning		, 2024, ending	, 20	See separate instructions.
Your first name and middle initial Leia Jermaine D	Last name Wright			Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Taurean E	Last name Wright			Spouse's social security number [REDACTED] 1699
Home address (number and street). If you have a P.O. box, see instructions. 107 Cachanilla Ct		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town, or post office. If you have a foreign address, also complete spaces below. Palm Desert		State CA	ZIP code 922603159	
Foreign country name	Foreign province/state/county	Foreign postal code		

Filing Status	<input type="checkbox"/> Single	<input type="checkbox"/> Head of household (HOH)
Check only one box.	<input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	<input type="checkbox"/> Qualifying surviving spouse (QSS)
	<input type="checkbox"/> Married filing separately (MFS)	
	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: [REDACTED]	
	<input type="checkbox"/> If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): [REDACTED]	

Digital Assets	At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Standard Deduction	Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien	

Age/Blindness You: <input type="checkbox"/> Were born before January 2, 1960 <input type="checkbox"/> Are blind	Spouse: <input type="checkbox"/> Was born before January 2, 1960 <input type="checkbox"/> Is blind				
Dependents (see instructions): If more than four dependents, see instructions and check here . . . <input type="checkbox"/>	(1) First name [REDACTED]	Last name [REDACTED]	(2) Social security number [REDACTED]	(3) Relationship to you [REDACTED]	(4) Check the box if qualifies for (see instructions): Child tax credit <input checked="" type="checkbox"/> Credit for other dependents [REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> <input type="checkbox"/>
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> <input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 83,295.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b Household employee wages not reported on Form(s) W-2	1b
If you did not get a Form W-2, see instructions.	c Tip income not reported on line 1a (see instructions)	1c
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
	e Taxable dependent care benefits from Form 2441, line 26	1e
	f Employer-provided adoption benefits from Form 8839, line 29	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions)	1h 0.
	i Nontaxable combat pay election (see instructions)	1i
	z Add lines 1a through 1h	1z 83,295.
Attach Sch. B if required.	2a Tax-exempt interest	2a
	3a Qualified dividends	3a
	4a IRA distributions	4a
	5a Pensions and annuities	5a
	6a Social security benefits	6a
	b Taxable interest	b Taxable interest
	b Ordinary dividends	b Ordinary dividends
	b Taxable amount	b Taxable amount
	b Taxable amount	b Taxable amount
	b Taxable amount	b Taxable amount
	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7
	8 Additional income from Schedule 1, line 10	8 -28,733.
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 54,562.
	10 Adjustments to income from Schedule 1, line 26	10
	11 Subtract line 10 from line 9. This is your adjusted gross income	11 54,562.
	12 Standard deduction or itemized deductions (from Schedule A)	12 29,200.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13 0.
	14 Add lines 12 and 13	14 29,200.
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 25,362.

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	2,581.		
	17 Amount from Schedule 2, line 3	17			
	18 Add lines 16 and 17	18	2,581.		
	19 Child tax credit or credit for other dependents from Schedule 8812	19	2,581.		
	20 Amount from Schedule 3, line 8	20			
	21 Add lines 19 and 20	21	2,581.		
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	0.		
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.		
	24 Add lines 22 and 23. This is your total tax	24	0.		
Payments	25 Federal income tax withheld from:				
	a Form(s) W-2	25a	1,192.		
	b Form(s) 1099	25b			
	c Other forms (see instructions)	25c			
	d Add lines 25a through 25c	25d	1,192.		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> If you have a qualifying child, attach Sch. EIC. </div>					
	26 2024 estimated tax payments and amount applied from 2023 return	26			
	27 Earned income credit (EIC)	27	2,579.		
	28 Additional child tax credit from Schedule 8812	28	3,419.		
	29 American opportunity credit from Form 8863, line 8	29			
	30 Reserved for future use	30			
	31 Amount from Schedule 3, line 15	31			
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	5,998.		
	33 Add lines 25d, 26, and 32. These are your total payments	33	7,190.		
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,190.		
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	7,190.		
Direct deposit? See instructions.	b Routing number 1 2 2 0 0 0 2 4 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings				
	d Account number 6 8 3 6 1 1 3 0 9 9				
	36 Amount of line 34 you want applied to your 2025 estimated tax	36			
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37			
	38 Estimated tax penalty (see instructions)	38			
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions				
	Designee's name	Phone no.	Personal identification number (PIN)		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
			Coach	_____	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	
			Marketing director	_____	
	Phone no. (760) 442-7799	Email address			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Self-Prepared			Phone no.
	Firm's address				Firm's EIN

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 03/20/25 Intuit.cq.cfp.sp

Form 1040 (2024)

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EXHIBIT C



Ben Heston <ben@nexusbk.com>

[EXT] 6:25-bk-11843-SY

1 message

Brumfield Dillon J <Dillon.J.Brumfield@irs.gov>
To: "ben@nexusbk.com" <ben@nexusbk.com>

Tue, May 27, 2025 at 2:10 PM

Good afternoon:

The return has not posted to the IRS internal record. I am happy to amend the claim if the debtor or your office can provide me with a signed copy of the debtor's tax return.

If the debtor filed the missing return, I can amend the claim as soon as the return is assessed. This can take 4-8 weeks from the date of filing.

Thank you,

Dillon J Brumfield
Bankruptcy Specialist 2799-6714
619-615-9070
Efax: (855) 311-9045

PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is:

3090 Bristol Street #400
Costa Mesa, CA 92626

A true and correct copy of the foregoing document entitled (*specify*): **NOTICE OF OBJECTION TO CLAIM & NOTICE OF HEARING AND OBJECTION TO CLAIM OF THE INTERNAL REVENUE SERVICE (CLAIM 1)** will be served or was served **(a)** on the judge in chambers in the form and manner required by LBR 5005-2(d); and **(b)** in the manner stated below:

1. TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF):

Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (*date*) 6/10/2025, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

David Coats dacoats@raslg.com
Rod Danielson (TR) notice-efile@rodan13.com
Joseph C Delmotte efcacacb@aldridgeppte.com, JCD@ecf.inforuptcy.com;jdelmotte@aldridgeppte.com
Sean C Ferry sferry@raslg.com, sean.ferry7@ecf.courtdrive.com
United States Trustee (RS) ustpregion16.rs.ecf@usdoj.gov

Service information continued on attached page

2. SERVED BY UNITED STATES MAIL:

On (*date*) 6/10/2025 I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

Internal Revenue Service

Centralized Insolvency Operation
PO Box 7346
Philadelphia, PA 19101-7346

Service information continued on attached page

3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL

Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (*date*) , I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed (state method for each person or entity served):

Service information continued on attached page

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

6/10/2025

Date

Benjamin Heston

Printed Name

/s/Benjamin Heston

Signature

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.